

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257 as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 9657	2 Fiscal Year Covered From 1 / 1 / 2004 Through 12 / 31 / 2004
3 Name and address of person filing Name Gary W Boettcher P O Box Bldg Room No if any Street 8111 Lee Jackson Circle City Spotsylvania State Virginia ZIP Code +4 22553 3819	4 Name file number and address of labor organization Name Allied Pilots Association Labor Organization File Number 059 849 P O Box, Building and Room Number if any Suite 500 Street 14600 Trinity Boulevard City Fort Worth State Texas ZIP Code +4 76155 2512
5 Position in labor organization Board of Director member	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name American Airlines Inc Trade Name if any P O Box Bldg Room No if any Street 4333 Amon Carter Blvd City Fort Worth State Virginia ZIP Code +4 76155 2605	7 a Nature of Interest Transaction or Income Positive space travel pass for union business 7 b Amount

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief true, correct, and complete (See the section on penalties in the instructions)

Signed G W Boettcher

On 08/11/2005

540 785 3947

Date

Telephone Number

Name of Person Filing Gary Boettcher	File Number U
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name, if any) Name James & Hoffman P C Trade Name if any P O Box Bldg Room No if any Suite 510 Street 1101 17th Street N W City Washington State District of Columbia ZIP Code +4 20036	9 Business deals with <input checked="" type="checkbox"/> a Labor Organization <input type="checkbox"/> b Trust <input type="checkbox"/> c Employer
10 If 9 b or 9 c is checked give trust or employer's name Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	11 a Nature of such dealing General Counsel <hr/> 11 b Approximate dollar value of such dealing \$970 164 12 a Nature of interest held or income received Attorney business dinner 10/5/04 \$35 Christmas reception attended with wife \$68 each <hr/> 12 b Amount \$171

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value	
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	14 a Nature of payment
13 b Is the Business an Employer or Consultant ?	14 b Amount of payment